State of Wisconsin
Department of Natural Resources
dnr.wi.gov

IPR 6 200

## Notice of Intent to Apply for Coverage Under MS4 General Permit

Form 3400-191 (R 3/06)

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**Notice:** This application is authorized by s. 283.37, Wis. Stats., and chs. NR 151 and 216, Wis. Adm. Code. Personally identifiable information on this form may be used for other program purposes and may be made available to requestors under Wisconsin's Public Records laws and be posted on the Department's internet site.

Instructions: Complete the following for all permit applications. If additional space is needed to respond to a question, attach additional pages. Provide descriptions below that explain the program activities that you expect to develop and implement to comply with the Municipal Separate Storm Sewer System (MS4) general permit (<a href="http://dnr.wi.gov/org/water/wm/nps/stormwater/muni.htm">http://dnr.wi.gov/org/water/wm/nps/stormwater/muni.htm</a>). Section 3 of the MS4 general permit contains the compliance schedules that direct when the individual program activities need to be developed and submitted to the Department for review. The detailed programs that are developed and submitted to the Department for review may deviate from the program activities described below if necessary. The descriptions provided below are necessary for the Department to verify that the municipality's program activities comply with the permit.

		pplicant Information						
Name of Municipality								
A 4 = :1:	TOWN OF SEYMOUR							
Mailing Address			City	2.0.05	State	Postal Code		
County(s) in which Applicant is located				CLAIRE	WI	54703		
Cour	ity(s) iii	which Applicant is located		pality: (check one)	77 Taura	har (anasif ()		
EAG	EAU CLAIRE County City Village Sown Cher (specify)							
Section II: Local Contact Information (check one):								
Nam		nicipal Contact Person			Title	CHAIR		
<u></u>	10 (JC	ILAS KRANIG	<u> </u>			CHAIR		
4.1	ng Addi	The second secon	City	0.5	State	Postal Code		
		TOWER DR.	EAU CLAI	, ,	WI	54703		
E-mail address			Telephone Numb	er (include area code)		(include area code)		
7700		~	715-834-	4999	115 - 8=	34-3687		
Secti	on III: 1	Water Quality Concerns			The second second			
Yes	No							
X		Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource						
* _		water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (An unofficial list of ORWs and ERWs may be found on the Department's Internet site at: <a href="http://dnr.wi.gov/org/water/wm/wqs/">http://dnr.wi.gov/org/water/wm/wqs/</a> )						
	X	Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1)						
** 1. ***		of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of Wisconsin impaired waterbodies may be found on the Department's Internet site at: <a href="http://dnr.wi.gov/org/water/wm/wgs/303d/303d.html">http://dnr.wi.gov/org/water/wm/wgs/303d/303d.html</a> )						
Secti	on IV:	Area and Population Withir	the MS4					
Yes	No							
X		Is the MS4 within an "Urbanized Area" as defined by U.S. EPA? (See http://www.epa.gov/npdes/pubs/fact2-2.pdf)						
If no,	skip the	rest of this section and cont	inue to Section V.	If yes, estimate the a	rea served by and	the population		
within the MS4 in an Urbanized Area (UA).								
(Urbanized Area maps are available on the EPA web site at: http://cfpub1.epa.gov/npdes/stormwater/urbanmaps.cfm)								
Total municipal area (in square miles):				Total municipal population (in year 2000):				
330				2,918				
MS4 service area within Urbanized Area (in square miles):				Municipal population within Urbanized Area (in year 2000):				
1.3								
Section V: Potential Permit Exemption								
÷		Section NR 216.023, Wis. Adm. Code, allows certain MS4s that have less than 1000 people residing in						
Yes	No	an urbanized area to be waived from having to obtain municipal storm water permit coverage.						
	X	Do you believe that the MS4 may be eligible for this potential exemption?						

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Section VI: Summary of Municipal Storm Water Pro		
Describe the programs or activities the municipality is general permit. Attach additional pages if necessary.	doing or will do to comply with the requirements	of the MS4
A. Public Education and Outreach		
Describe the public education and outreach program a section 2.1 of the MS4 general permit. Town News(これにR	activities that the municipality will implement to co LAKE ATTOONA BEHAB DIS LAND CONSERVATION DEPT	ST. MEELINGS
BULLITEN BOOKD @TOWN HALL		
B. Public Involvement and Participation		
Describe the public involvement and participation prog section 2.2 of the MS4 general permit.  OPEN METTINGS LAW  NEWSLETTER INFO	ram activities that the municipality will promote t	to comply with
C. Illicit Discharge Detection & Elimination		
Describe the illicit discharge detection and elimination and implement to comply with section 2.3 of the MS4 of DITCH INSPECTION BY ROAD CO	general permit.	pality will develop
RESIDENT INFORMANTS		
D. Construction Site Pollution Control		
Describe the construction site pollutant control program implement to comply with section 2.4 of the MS4 gene TOWN IS UNDER COUNTY ZONING USE PERMITS. EROSION CONTROL IS INSPECTOR CONDUCTS PERIODIC THE	eral permit. WHICH ISSUES LAND USE AND ADDRESSED IN THESE PERMITS	
E. Post-Construction Site Storm Water Managemen		
Describe the post-construction storm water management develop and implement to comply with section 2.5 of the COMMITY DOES PLAT APPROVAL AND APPAT UP TO 3 MILES FROM CITY BO	he MS4 general permit. A ODRESSES STORM WATTR. CITY	AISO APPROVES
F. Pollution Prevention		
Describe the pollution prevention program activities the MS4 general permit. TOWN IS MEMBER OF HAS TAZEMAT CAPABILITIES AND HAS	EAND SERVED BY TOWNSHIP FOR MUTUAL AID AGREEMENT WITH C	TRE DEPT NHICH LITY OF EAUCLAN
(A LEVEL 1 TEAM) FOR SPILL RESPONSE/CON	TTROL. TOWN PERFORMS STREET SWEEP!	NG to CICAN Up
Section VII: Certification SALT SAND, TOO	ON HOUSES SALT/SAUD IN A S	HED.
I hereby certify that I am an authorized representative	of the municipality that is the subject of this app	lication for

I hereby certify that I am an authorized representative of the municipality that is the subject of this application for general permit coverage, and that the information provided is true and complete, to the best of my knowledge. I

understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Name

Authorized Representative Name

DOUG-LAS KRANIC

Signature

Dat

-mail address Telephone Number (include area code)

3-31-06
Fax Number (include area code)

715 - 834 - 41999

715-834-3687

Date Signed

Return this completed form to:

Wisconsin Department of Natural Resources Storm Water Program – WT/2 PO Box 7921 Madison, WI 53707-7921